

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005690

**Entity Name:** SUMMER PLACE TOWNHOMES OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6215 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408**Current Mailing Address:**4518 FLOWERING BRANCH  
POWDER SPRINGS, GA 30127 US**FEI Number:** 20-3822635**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHROEDER, BETTY  
2610 DADE AVE  
PANAMA CITY BEACH, FL 32408 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	MARTELL, AGUSTIN
Address	229 S GLADES TRL
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	D
Name	CARTER, JO ANN
Address	4518 FLOWERING BRANCH
City-State-Zip:	POWDER SPRINGS GA 30127

Title	D
Name	KITTERMAN, LUEVETTA S
Address	637 HILLCREEK ROAD
City-State-Zip:	SHEPHERDSVILLE KY 40165

Title	PRESIDENT
Name	SCHROEDER, BETTY
Address	2610 DADE AVE
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	D
Name	GLOVER, SANDRA
Address	6215 THOMAS DRIVE # 135
City-State-Zip:	PANAMA CITY BEACH FL 32408

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JO ANN CARTER**TREASURER****04/03/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date